



Cornerstone™

RECORDS MANAGEMENT

Federal ID Number: 26-4237101

Invoice Number: F-1000788

Invoice Date: 1/23/2014

Requester ID: 364371

Request ID: 726450

Website:

Cornerstone-RM.com

Phone:

(732) 698-9950 or (518) 391-2650

Fax:

(732) 698-9974

Bill To:

Jana Vaughan
Secure Record Services, Inc.
P.O. Box 290578
Charlestown, MA 02129

Ship To:

Secure Record Services, Inc.
P.O. Box 290578
Charlestown, MA 02129
Attention: Jana Vaughan

As per your request, we have retrieved your records. Payment is due immediately. Collection procedures will commence after 30 days.

Provider	Item	Price	Amount
Mid-Rockland Imaging Associates Division of Hudson Valley Radiology Associates 18 Squadron Blvd. New City, NY 10956	Paper Records - Rate 1	\$1.50	\$9.00
	Postage		\$1.12
Cancellation of completed requests may be subject to fee(s).			
Pages on this Request: 5			

Invoice Total: \$10.12

Patient Name: HEND GHOBRIEL

Date of Birth: 7/12/1977

Less Payments Received:

Reference ID
or File #: 158024

Total Due Now: \$10.12

Detach form and include with payment

Remittance

Check Address:

Cornerstone Records Management
Copy Depository
PO Box 79752
Baltimore, MD 21279-0752

Correspondence Address:

9 Brick Plant Road Ste. B
South River NJ, 08882

Overnight Address:

Cornerstone Records Management
Copy Depository
Attn: Box 79752
1000 Stewart Ave.
Glen Burnie, MD 21061

Provide credit card
payment by phone or
fax.

Card Number: _____ Expiration Date: _____

We accept Amex,
Master Card, and
Visa.

Name on Card: _____

Billing Address: _____

Signature: _____